

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/576505

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/		
2	/		/			
3	2		/			
4	10		/			
5	0		/			
6	0		/			
7	0		/			
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TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	8	←	7	←		←
TOTAL CLAIMS	12		10			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		
TOTAL DEP.				←		←
TOTAL CLAIMS						←